The RCGP credits scheme for CPD

Following the award of a UKCEA bursary we have carried out research to help prepare for revalidation. This included investigating the literature on revalidation, and arranging qualitative interviews with a range of GPs including appraisal leads and educators.

The literature search has shown variation with what happens elsewhere, with some countries way ahead of what we are doing, and others lagging behind.

New Zealand is probably the most organised, with an established system in place, which is reasonably well accepted. The voluntary system in the USA is now completed by at least 87% of doctors as a result of pressure from the public and the healthcare organisations. In the Netherlands revalidation is a condition of being on the medical register. Belgium has a system incentivised by higher pay for those who take part in revalidation. In France, despite a legal obligation, many physicians don’t participate in continuing professional development (CPD), most likely because of a combination of lack of incentives for compliance combined with absence of monitoring.

The interviews with GPs highlighted a number of themes to consider for implementation of revalidation in the UK. These include:

- Appraisal will need to be more robust if it is to support revalidation.
- The role of the PCT, with appointment of a responsible officer, and strong clinical governance structures will be vital. Views were expressed that deaneries will need to act as catalysts to bring key parties together.
- CPD structures will need to be in place to support revalidation.
- The use of electronic platforms such as the RCGP Essential Knowledge initiative was commended. The need for an electronic system to support revalidation itself was strongly highlighted.
- Systems will be needed to support GPs having problems with revalidation, and also those in particular situations, for example at the end of their career, or engaged in limited clinical practice.

Whilst the findings were not surprises, they helped clarify the themes we need to be addressing. The final report from the study will be available shortly and will be circulated to all UKCEA members.

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UKCEA NEWS

UKCEA has been actively preparing for a busy year. The April conference on vocational training, following up the conferences of the last few years, has a pleasing number of bookings and we are looking forward to a successful and interactive day. Workshops will include sessions on educational supervisors both in primary and secondary care, what makes a ‘good enough’ portfolio, virtual learning, out of hours training and commissioning education. Places are still available and application forms can be found at www.napce.net/itemdetails.php?itemId=201

UKCEA continues to offer bursaries to deanery teams or individuals and this year we will be offering five bursaries. These will seek to support projects involved with extending training to five years, the purchaser/provider split, teaching professionalism, the use of new technologies in general practice education and finally an open bursary. If you wish to discuss a project and are thinking of seeking a bursary please get in touch with Mona Lindsay in the UKCEA office. UKCEA is also working with NAPCE and UKAPD on developing a prize for trainers which will be an opportunity to share innovative practice. Keep your eye out for further information.

Finally we are looking forward to our Annual Conference which this year is in St Andrews on 15–17 September and is kindly hosted by South East Scotland Deanery. We look forward to seeing you during the year....

NAPCE NEWS

Advanced notice of the Annual NAPCE Educator’s Conference: Please clear your diaries for 2–3 November 2010

We have responded to the changing financial climate and requests from our members by arranging this year’s conference as two standalone day workshops.

Day one will include interactive sessions on appraisal and revalidation, performance issues, pre-CCT course organisation, and working in a PCO.

Day two will cover facilitation skills, presentation skills, chairmanship skills, and negotiation skills. To assist organisations we have planned these as standalone days and whilst we expect many attendees will attend for just one day we hope some of you will chose to attend both days and take advantage of spending a longer time with your peers.

We exist as an organisation to support you in your educator roles so if you have further ideas for specific skills sessions then please do contact Jane jane@napce.net to discuss your request.

Please circulate this information within your organisation. We are aware that there are many out there who have an educational component to their role but may not consider themselves as ‘educators’. This year’s conference will be particularly suitable to these individuals as well as those with a more traditional educator role.

Further details will be available nearer the time; we look forward to meeting new and old friends. See you there.

John Bibby

UKAPD NEWS

The New Educator’s Handbook

Many of you know that UKAPD, NAPCE and UKCEA are commissioning a new book to succeed Paddy McEvoy’s Educating the Future GP. Paddy’s book has thus far served us well. The new book (I hope) will be pragmatic, concise, comprehensive and ‘spicier’.

Currently, the book project is going well; consisting of roughly 50 chapters, each will be small and concise (the idea being you can then hold the book in one hand and a coffee in another).

Each chapter is being written by a ‘collaborative’ of authors. We’ve got around 75% of the chapters covered and at this point, they’re scribbling away. We’ve yet to adopt a name but once decided, I’ll let you all know in a future newsletter. If you have a flash of ideas, please email them to me. Oh, I nearly forgot; I’m writing a series of three articles in the Green Journal on some of my reflections so far. The first article was in the November Edition. I hope you’ll think about reading it.

Want more flavour of the book? Go to: www.educatingthefuturegp.co.uk . If you are interested in taking part, don’t forget to drop me a line (come on... you know you want to). Don’t worry, I’m here to ‘hold your hand’... and it’s nice and warm.

Ramesh Mehay
Project Leader
www.bradfordvts.co.uk
Fitting in time out on the GPVTS in Severn

The Gold Guide recognises that specialty trainees may wish to obtain additional experience by taking time out of program (OOP). In the context of GP training, time OOP may be used to undertake research (OOPR), additional clinical experience which is not PMETB approved for training (OOPE) or a career break (OOPC) for non-medical activities. The Severn Deanery has successfully piloted a competitive application process by which GP trainees already on rotation can apply to take a year OOP between ST2 and ST3. As part of this pilot, we have surveyed GP trainees and trainers to understand their attitudes towards taking time OOP during GP training.

One hundred and four Severn GP ST1 trainees were surveyed via email. Two hundred and sixty nine Severn Deanery trainers, educators and Associate Deans were also invited to complete an emailed survey about their own training experience and views about trainees taking time OOP.

Fifty nine (56.7%) trainees completed the survey, and 74.6% of them would be interested in taking a year OOP. These trainees would use the opportunity to work in the developing world (33.3%), developed world (32.1%), and to gain academic/research (19.2%) and non-medical (15.4%) experience, 59.1% wished to combine at least two of these options. Trainees perceived many potential benefits but prominent themes included nurturing a future specialist interest, experiencing working in different healthcare systems and gaining exposure to specialties not included in their training rotation. Seventy nine percent felt that the best time to go OOP is between ST2 and ST3, and 59.1% wished to arrange their own contacts and plans for the year. Sixty nine percent reported that they would be able to pursue the same experience after completion of training. Loss of NHS salary, potential loss of full maternity rights in the postponed ST3 year or the possible implications for NHS pension schemes affect trainees’ enthusiasm for taking time OOP. Fifty two percent of interested trainees reported that at least one of these factors would discourage or prevent them from applying.

One hundred and one of the 269 trainers responded to the survey (37.5%). Seventy percent had additional academic, clinical, education or non-medical experience before or after completing GP training. Ninety five percent reported that their experience(s) directly benefited their work in General Practice in the UK. Trainers highlighted the advantages of broadening perspective, knowledge and experience prior to ST3, but also recognised the potential for disruption to the individual’s training and the wider program. Sixty percent felt that this experience would be equally beneficial before or after completion of training but 85% would be prepared to mentor a trainee while they are OOP.

The data suggests that many GP trainees would be enthusiastic about taking time OOP to explore a wide range of interests. Trainers’ responses support the view that additional experience directly benefits a career in general practice in the UK. Although implementation of the selection process and the program planning required to accommodate time OOP is significant, we conclude that OOP experience has invaluable potential to enhance the current three year GP training programs.

Dr Anne Whitehouse
GP Trainee

Dr Paul Main
Deputy Head and Associate Dean, School of Primary Care, Severn Deanery

Tri-badged awards

UKCEA, NAPCE and UKAPD are working together to promote professional educational growth and development of all primary care educators. We are keen to support and recognise the work of ‘jobbing’ primary care educators, such as trainers, tutors, programme directors, associate directors, and including educators who are not medically qualified by inviting submissions for the awards. Submissions should be no more than 3000 words and can take the form of a critical and reflective article, or be for either an existing innovation or a proposal for a new one on any aspect of teaching, training or appraisal. This includes reflections on what worked well and what did not. Submissions are not limited to written words and could include other multimedia formats.

First prize: £1000 certificate and possibility of publication in the Green Journal and where appropriate will automatically be submitted for the £5000 UKCEA bursary award for further development subject to the terms of the bursary.

Second prize: £500 plus a Certificate

Third prize: £250 plus a certificate

The prize-winning submissions will be put onto our websites.

Details of how to apply will appear on our websites.
CSA: what we have learnt

In NW Deanery candidates who failed CSA in 2007/2008 were placed with local trainers and ‘extended trainers meetings’ were arranged in conjunction with two ADs. The following areas were found to be problematic: clinical knowledge (despite AKT pass), knowledge application, basic consulting skills, IT, English as second language, performance anxiety, doctor centeredness, poor time management, chaotic thinking (lack of hypothesis), and difficulty dealing with complexity or uncertainty.

We realised that a new approach to teaching was needed with emphasis on practical aspects. Role play became very useful. As it is hard to play the role of the patient whilst assessing the candidate, we utilised the practice team: GPs, FY2, med students, practice mangers, office staff etc. Role plays were videoed to aid feedback.

Advantages: accessible, inexpensive and amazingly talented actors, staff gain more awareness of doctor role and training aims, several cases in a row (more like exam), different age/sex of actors, feedback from actors, no confidentiality issues. (Tip: non-medically trained staff do not go off script unlike other clinicians).

This and other material was presented at the UKCEA conference with the aim of pooling ideas to help trainers.

Thank you to everyone for their ideas including:

- use of role play, templates written for role play scenarios, bank of cases
- identification of struggling candidates (early assessment form being piloted) with early remedial help as soon as fail
- outside resources, e.g. language development and support, drama teachers, NLP practitioners
- trainers’ buddies e.g. another educational supervisor; other assessors, support groups, ‘VTS’ for extended trainees.

CSA is an exam that allows for standardised, reliable and valid assessment of consultation skills. However, it is based on British patients speaking colloquial English with all its quirks and idioms.

Preparing registrars with a wide range of racial, cultural and religious backgrounds presents new and exciting as well as daunting challenges for the trainers. We CAN meet that challenge.

Dr D Privonitz MRCGP, Diploma in GP
GP Trainer, East Lancs

Dr Ailsa Cormack MRCGP
GP Trainer, East Lancs